



Indiana Board of Pharmacy Drug Enforcement Division

INDIANA GOVERNMENT CENTER SOUTH

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INDIANAPOLIS, INDIANA 46204

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DED@hpb.state.in.us

Application for Permission to Request Reports from the INSPECT Program

All fields are required. Mail completed form to the address above.

Agency Name: (list branch/division if applicable): _____

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Printed name of officer or official requesting permission _____

Badge # (if applicable) _____

Telephone #: _____

FAX #: _____

Email Address: _____

TO BE COMPLETED BY INSPECT STAFF:

Date of completion of INSPECT Training: _____

Instructor Signature: _____

Please note: Following completion of this form and your INSPECT training, authorized individuals will receive a username, password, and website address for access to the INSPECT WebCenter. Trainings may be scheduled by contacting Todd Kinney at (317) 234-4457, Rania Nafiseh at (317) 234-4459 or by email at ded@pal.in.gov.

I certify that all information requested and received will be used in compliance with IC 35-48-7-11. I further certify that I alone will use the username or password assigned to me and that misuse thereof shall result in revocation of permission to use the system by the named agency, all affiliated agencies and by myself.

Signature of Officer _____